


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90128 028 ****70.00

DOCUMENT # 746932

1. Entity Name
ESTATES OF FORT LAUDERDALE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**2850 S.W. 54TH STREET
 FT LAUDERDALE, FL 33312**

Mailing Address
**2850 S.W. 54TH STREET
 FT LAUDERDALE, FL 33312**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4004000



04102006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1911519

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**STRALEY, STEPHEN J P.A.
 3990 SHERIDAN STREET
 SUITE 109
 HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is **\$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CUTSLER, JOAN			NAME	Jose Angelo Santiago		
STREET ADDRESS	2911 SW 58 ST			STREET ADDRESS	5540 Lagoon Drive		
CITY-ST-ZIP	FT LAUDERDALE, FL 33312			CITY-ST-ZIP	Ft. Lauderdale, FL 33312		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TYRA, PATRICIA			NAME	Patricia Shroyer		
STREET ADDRESS	8945 SW 54TH STREET			STREET ADDRESS	3060 Lakeshore Dr		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312			CITY-ST-ZIP	Ft. Lauderdale, FL 33312		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BEATTIE, ROBERT			NAME	William Glock		
STREET ADDRESS	2681 W MARINA DRIVE			STREET ADDRESS	3100 SW 58 Place		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312			CITY-ST-ZIP	Ft. Lauderdale, FL 33312		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SAGLIO, PETER			NAME	Lois Quatrini		
STREET ADDRESS	5450 MACINTH			STREET ADDRESS	3037 Lakeshore Dr.		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312			CITY-ST-ZIP	Ft. Lauderdale, FL 33312		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MACDONALD, LINDA			NAME	Charlotte Sloboda		
STREET ADDRESS	2851 SW 58 MANOR			STREET ADDRESS	2905 Lakeshore Dr		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312			CITY-ST-ZIP	Ft. Lauderdale, FL 33312		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOUDY, BRENDA			NAME			
STREET ADDRESS	2879 SW 58 STREET			STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Tyra **PATRICIA TYRA** 4/10/06 954-987-5132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #